OFFICE OF THE CHAPTER 13 STANDING TRUSTEE

Isabel C. Balboa Chapter 13 Standing Trustee Cherry Tree Corporate Center 535 Route 38, Suite 580 Cherry Hill, NJ 08002-2977 (856) 663-5002

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEW JERSEY (Camden)

In Re:

STEPHANIE A. CASCIO

Proceedings in Chapter 13

Case No.: 18-17732-ABA

Debtor(s).

TRUSTEE'S STATEMENT PURSUANT TO 11 U.S.C. §§ 1302(c), 1106(a)(3), and 1106(a)(4)

The Chapter 13 Standing Trustee hereby submits this Statement of Investigation of the financial affairs of the Debtor(s) pursuant to 11 U.S.C. §§ 1302(c), 1106(a)(3) and 1106(a)(4).

- 1. The Trustee's office has conducted a § 341(a) Meeting of Creditors and a business examination which consisted of the review of the Petition, Schedules A J, Statement of Financial Affairs, and Statement of Current Monthly Income, including a comparison between the Debtor(s)' filed petition and schedules and Certification of Business Debtor (attached hereto as Exhibit "A").
- 2. The Trustee, except to the extent that the Court orders otherwise, has investigated the acts, conduct, assets, liabilities, and financial condition of the Debtor(s), the operation of the Debtor(s)' business and the desirability of the continuance of such business, and any other matter relevant to the case or to the formulation of a plan.
- 3. Furthermore, in connection with the investigation, the Trustee has not ascertained any fact pertaining to fraud, dishonesty, incompetence, misconduct, mismanagement or irregularity in the management of the affairs of Debtor(s), or to a cause of action available to the estate.

Dated: September 05, 2018

5eptemoer 05, 2010

KES

via first class mail:

ICB:

STEPHANIE A. CASCIO

Respectfully submitted,

/s/ ISABEL C. BALBOA

ISABEL C. BALBOA

Chapter 13 Standing Trustee

Form 20020-00-Trustee's Statement; Chapter 13 Standing Trustee

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OFFICE OF THE CHAPTER 13 STANDING TRUSTEE

Isabel C. Balboa, Chapter 13 Standing Trustee

Certification of Business Debtor for Active Business

Sole Proprietorship, Limited Liability Company (LLC), Limited Liability Partnership (LLP),
Partnership or Corporation

_0 -	Debtor(s) Name:	Michael C. Coscio				
] (Case Number:	Is = 19132				
	E-Mail:	Mujd @ Cascio-law, Com				
	I, as the Debtor(s) named above, being of full age & duly sworn upon my oath, depose and say:					
	My business name is:	Michael C. Cascio				
	The nature of my business is:	Sole prayil attorner				
	My business has a web page at:	Cascio-Law. con				
	My EIN* from the IRS is: (If no EIN# enter last 4 digits of SS#)	22-3486844				
	*EIN# = Employer Identification Number also known as a Federal Tax Identification Number, used to identify a business entity.					
	My business is a:					
(Sole Proprietorship.	O Limited Liability Company.				
	Partnership.	Corporation.				
	My business is located at:	4 Sweetgum Court Martin 191 08055				
	his property is:					
	owned by myself and/or/spouse.)				
) owned by a relative of Debtor(s) and/or relative of spouse.					
) leased (with a written lease).					
) leased (without a written lease).					
	ly business started; nm/dd/yyyy)	1/13/1494				
M (%	y ownership interest in business is (b):	/ O v				

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Individual Incon	ne Tax Returns have bee	n filed with the IRS thro	ough the year ending:	
O 12/31/2011.	O 12/31/2012.	12/31/2013.	O 12/31/2014.	12/31/2015
<u></u>	12/31/2017.	12/31/2018.	12/31/2019.	O 12/31/2020
Not Required	1.		•	
Partnership or Ce	rmorate Tay Returns has	ea haan filad with the IP	S through the year endin	
() 12/31/2011.	() 12/31/2012.			
12/31/2016.		0 12/31/2013.	12/31/2014.	O 12/31/2015.
Not Required	12/31/2017.	O 12/31/2018.	12/31/2019.	O 12/31/2020.
O Prof Required				
My business has,	other than the owner(s),	partner(s), and share he	olders/members:	
○ W-2 Employe	ees.			
Sub-Contracto	ors for which 1099-MIS	C are issued.		
O Both Employe	ees & Sub-Contractors.			
Casual Laboro	ers for which no 1099-M	IISC are required.		
No Employees	s or Sub-Contractors.			
W-2s have been iss	sued to all employees th	rough the year ending:		
12/31/2011.	12/31/2012.	O 12/31/2013.	() 12/31/2014.	O 12/31/2015.
<u>)</u> 12/31/2016.	O 12/31/2017.	12/31/2018.	O 12/31/2019.	12/31/2020.
Not Required.				0
1099-MISCs have I	been issued to all non-W	/-2 employees through (he vear ending:	
12/31/2011.	O 12/31/2012.	O 12/31/2013.	() 12/31/2014.	() 12/31/2015.
12/31/2016.	O 12/31/2017.	0 12/31/2018.	O 12/31/2019.	12/31/2020.
Not Required.				73.7 7.2020.
My business has pai	id FUTA taxes through	the year ending:		
O 12/31/2011.	O 12/31/2012.	O 12/31/2013.	() 12/31/2014.	O 12/31/2015.
O 12/31/2016.	0 12/31/2017.	O 12/31/2018.	O 12/31/2019.	O 12/31/2020.
Not Required.		•		0 (2.01)2020;
My business has paid	d FICA taxes through th	e vear endino:		
() 12/31/2011.	() 12/31/2012.	12/31/2013.	(12/21/2014	A 12/21/2015
① 12/31/2016.	O 12/31/2017.	O 12/31/2018.	O 12/31/2014.	O 12/31/2015.
Not Required.	The same of the sa	12/31/2016.	O 12/31/2019.	O 12/31/2020.
- 17				

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My business has paid all applica	ble State taxes t	through the year	ending:		
_	1/2012. (1/2017. (12/31/2013. 12/31/2018.	12/31/2) 12/31/2015.) 12/31/2020.
My business has paid S&U taxes	through the ve	ar ending:			
	1/2012.	12/31/2013.	O 12/31/2	014	\ 12/21/2016
	1/2017.) 12/31/2018.	0 12/31/2) 12/31/2015.
Not Required.		J - 12010.	0 (12/31/2	015.) 12/31/2020.
My business had "trade credit" or payment arrangements with:		, bij	Å.	mailter kilomise ilikmaa valimeten tisuka motemaa nya espanya aya aya aya aya aya aya aya aya aya	
The Bankruptcy Code defines through the creation of receiva	bles or payables	 Trade credit is 	as extend to other f avolves the exchan supplies to debtor.	irms in the ord ge of credit by	finary course of business debtor to creditors or the
My business accounts receivable total:	<u> </u>	Just Wer +	4 33.00	2 at	6/1/18
My business accounts payable total	ıl: [AX	444	900 a.	1-61	110
My business has the following ins	urance coverage	9 ** 14		` !	110
Comprehensive General Liabi	lity (CGL).	Dram Sh	op Insurance.		
Errors & Omissions Insurance	(E&O).	Liquor L	iability Insurance.		
Malpractice Insurance.			Insurance (for busi	ness property)	J.
Vehicle Insurance (for business	s vehicle(s)).	· ·	ınce Required.		
Other:					
My business has a license and/or Permit in accordance with NJ's requirements that is:	Active.	Quired.	Non-Active.	O Expired.	
My business:	has has not		pledged any busin cash as collateral	ness receivable for any loans.	es, rents, profits, or other
My business:	O does Odoes not	Į.	have a line of cree	dit with any fir	nancial institution.
My business:	has has not		completed and/or party within the tw bankruptcy process	vo (2) years pr	ncial statements to a third receding the filing of this
My business:	O does		have a pension, 40 retirement plan.	H(k), profit-sh	aring, or other

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My business	s has the followin	g bank accounts:			
Checkin	18.	Savings.	Money Market.		
Federal	Credit Union.	Paypal Account.	No Account(s).		
Other	Livet	- training	Balance at 6/1/8 15 \$1,00		
Debtor(s), no	on-Debtor(s)' spo	use, and/or significant oth	er(s) have the following personal accounts:		
Checking		Savings.	Money Market,		
Federal (Credit Union.	Paypal Account.	No Account(s).		
Other			Name of the second seco		
My business:	assets fotal:	\$1-2,000	(including equipment, inventory and accounts).		
			IS) WITH THIS CERTIFICATION OF BUSINESS DEBTOR:		
OF INCOR	RPORATION.	n THE STAFE (i.e. LLC CH	PRSHIP PROVIDE COPIES OF THE ORGANIZATIONAL JARTER, PARTNERSHIP AGREEMENT, OR CERTIFICATE		
PROVIDE SCHEDUL	COPIES OF THE LES AND STATEM	LAST TWO (2) YEARS TA MENTS, NOTE: Please reda	AX RETURNS, ALONG WITH ALL SUPPORTING net SS#s (XXX-XX-1234), dependent(s)' names and birth dates.		
PROVIDE A COPY OF THE CURRENT INSURANCE POLICIES DECLARATION PAGE. NOTE: If proof of effective insurance is not provided to the Trustee within ten (10) days prior to the first scheduled 341(a) Meeting of Creditors, the Trustee may move to dismiss this case.					
PROVIDE A COPY OF THE CURRENT LICENSES AND PERMITS IN ACCORDANCE WITH THE STATE OF NJ (See www.nj.gov/njbusiness/licenses/) PLUS MUNICIPAL AND COUNTY LICENSES AND CERTIFICATIONS, IN WHICH YOUR BUSINESS IS LOCATED, AS REQUIRED.					
PROVIDE COPIES OF ALL BANK STATEMENTS FOR ALL BUSINESS & PERSONAL ACCOUNTS FOR THE ONE (1) YEAR PRIOR TO FILING. IF AN ACCOUNT HAS BEEN CLOSED WITHIN THE ONE (1) YEAR PRIOR TO FILING, PROVIDE THE LAST STATEMENT SHOWING THE ACCOUNT CLOSED or A LETTER FROM THE BANK INDICATING SAME. Bank Statements should include all pages and have all account numbers redacted except for the last four digits. A computer print out will not be accepted.					
PROVIDE A COPY OF ALL FINANCIAL STATEMENTS PROVIDED TO A THIRD PARTY IN THE TWO (2) YEARS PRIOR TO FILING.					
PROVIDE A PROFIT AND LOSS STATEMENTS FOR THE SAME TIME PERIOD AS THE BANK STATEMENTS PROVIDED.					
i declare, as the	Debtor(s) named	above, under penalty of p	perjury that the foregoing information is true and correct.		
I have attached all required documents requested (i.e. Tax Returns, Declaration Page for Insurance, License, Bank Statements, Financial Statements, and Profit and Loss Statement.)					
I read and acknowledge Responsibilities as a Business Debtor (www.standingtrustee.com/forms).					
1 understand	that filing this do		S Filing System (T.F.S.) constitutes the Devision of		
/s/ Print Debtor's	Name:				
/s/ Print Co-Debt	or's Name:	[Michael	C. Cascio		
		1/61 &			

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Dated (mm/dd/yyyv):	1 - 1 to	
Dated (min day yyy).		